STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966253	R **07/05/2018**
NAME OF PROVIDER OR SUPPLIER **A+ SENIOR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 SW 68 AVENUE** **MIAMI, FL 33144**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 07/05/2018. A+ Senior Home Inc. (License # 10466), with a Limited Mental Health service component, had no deficiencies identified at the time of the survey: